

BOOKING FORM - EASTER 2015

Name:

Address:

School Attending:

Age of Child:

E-mail Address (confirmation sent by e-mail):

Telephone:

Mobile:

Contact Name and Number in case of EMERGENCY

.....
Please place a tick ✓ in the box to indicate the camp you have chosen. Please write 1 to denote week 1 and 2 to denote week 2 beside your chosen camp(s).

CAMP 1: ARTS & SPORTS

CAMP 5: SPORTS & FITNESS

CAMP 2: ANIMATION & ART

CAMP 6: CREATIVE WRITING

CAMP 3: FILM

CAMP 7: COLUMBUS BAKING

CAMP 4: DRAMA WORKSHOP

CAMP 8: ENGINEERING

Additional Classes (please indicate your chosen class)

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Please give details of any relevant medical information pertaining to your child:

.....
Name of person(s) who will collect your child:

.....
Parent's/Guardian's Signature:

.....
Course places are reserved when the booking form is returned and accompanied with the full fee.
(Cash/Cheques - Cheques should be made payable to Anne Ruane.)

Please return completed booking forms to:
Anne Ruane,
Columbus Club, 30 Lower Leeson Street, Dublin 2.